Headquarters U.S. Air Force

Integrity - Service - Excellence

AFMS Group

30 Jun 04
1300-1530

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AFMS Group Agenda

- **Approval of Minutes – Mr. Costa** **5 Min**
- **POM Update – Mr. Gooding** **5 Min**
- **FY04 EOY Strategy – Lt Col Tenney / Lt Col Bobb** **30 Min**
- **Telephony Execution – Capt Jenkins** **30 Min**
- **Open Discussion** **15 Min**

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Minutes Approval

- 23 Jun 04 AFMS Group Minutes – Approved?
- Archives of AFMS Corporate Structure minutes can be found at:
  - O:\SG_Common\AFMS Corporate Structure

    - or –
  - https://kx.afms.mil/afmsengineroom

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AF/SG TELEPHONY MODERNIZATION; Information Update

"Our Best Opportunity to Resolve Years Worth of Telephony Challenges AFMS-Wide"

Sequencing & Financing Plan

Capt Freddie Jenkins
HQ USAF/SGR
6/30/2004

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Purpose

- Type of Briefing: Informational
  - Approved by AFMS Group on 23 Jun 04
- Purpose :
  - Provide supplemental information requested by AFMS Group in support of decision made to approve (and forward to AFMS Council) telephony execution and spend plan
- Classification: Unclassified
- Length of Briefing: 20 minutes

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TELMOD Goals/Objectives

- **Support AF Leadership's "One-AF…One Network"**
- **NOT to Expand Existing C&I "foot-print" Inside MTF, BUT… REDUCE it by Eliminating Unnecessary, Non-certified Voice Hardware, and Moving these Services Back to Local SC**
- **Evaluate Current/Anticipated Voice Requirements**
- **Improve Access to Care/Patient Satisfaction w/Telephone Appointing**
- **Standardize Telephony Capability AFMS-wide**

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TELMOD Drivers

- **Antiquated MTF Telephony Infrastructure; Unable to Execute Call Center Capability Required to Meet OASD(HA) Metrics and Industry Appointing Standards**
- **Telephone Appointing #1 Patient Complaint about Access**
  - **MTFs, GAO, First Consulting Group Study**
  - **Dr. Winkenwerder: "People want to talk to a live human voice and they want to talk with them quickly"**
- **Appointing: Make or Break Service for Day to Day MTF Business – Entry Point to Product Lines**
- **One of Three Top OASD(HA) Measures: "Satisfaction with Telephone Access" -- "The Leading Indicator that Affects Overall Perceptions of Access"**

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Overall Voice Systems Status

- Equipment age and capacity increase risk of critical failure
  - Emergency replacement of 2 switches annually, SGSL replacement average @ $1M per event
  - Meet current/projected medical requirements – 2%
    - < Adequate Voice Mail - 34%
    - Provide Digital Capabilities – 59% meet minimum standard
  - Voice Systems Ownership – “One Base – One Network – 48%
  - Certification Status at MTF (owned/operated) – 74% Certified, 26% Not Certified
  - 26% of AFMS owned voice systems not maintainable
  - Expansion – 88% Expandable, 12% Not Expandable

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T-Nex IPT Approved Deployment Sequence

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Voice Systems Criticality (Examples)

- **Anderson – 30% system downtime, unable to add additional handsets to support staff, No Voice Mail, No automated call distribution**
- **Langley - unable to add additional handsets to support staff, No Voice Mail, No automated call distribution, Failing voice cable plant (20 years old), Avg. 1/10 shared phone numbers**
- **Edwards – No maintenance contract on switch, No automated call distribution, Switch not certified for connection to DSN network**
- **Offutt - unable to add additional handsets to support staff, No Voice Mail, No trunk expansion capabilities, Unable to support incoming appointment workload**
- **Lajes – unable to receive/place > 24 concurrent phone calls, 20% system downtime, unable to add additional handsets to support staff, No Voice Mail, No automated call distribution**

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Investment Rationale - Anticipated Returns

- ☑ **Utility improvement: Standardized Approach**
- ☑ **Assured/Available, Compliant, Sustainable, Integrated/Interoperable**
- ☑ **Extended life-expectancy**
- ☑ **Viable capability conformant with LAF requirements/sustained and maintained by LAF**
- ☑ **Data to support management actions – staffing patterns by-day by-hour to cover peaks and valleys (data to support training decisions)**
- ☑ **Standardized metrics and upwards reporting capabilities**
- ☑ **Uniformity in customer and user interface (ease of use / patients not lost in menus that change from site to site – no dead-ends)**
- ☐ **Acquired through People, Process, and Technology**
  - ☐ **Improved call center management and operations**
  - ☐ **Decreases in call waiting and hold time (improved call response)**
  - ☐ **Throughput (call volume) increases**
  - ☐ **Increased customer satisfaction**

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Sequencing Plan

- MAJCOMs provided “Deployment Sequence Number (criticality based)”
  - MAJCOMs changed deployment sequence based on external factors unrelated to criticality (T-NEX, Politics, ETC)
  - MAJCOMs can make trades between commands, but must receive MAJCOM SG written approval for reassignment
    - Reprioritized list represents a “One for One” replacement of sites criticality but does not affect Deployment Sequence Number

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Financing Plan

- Risk-Tolerance Threshold Model
  - Developed to separate “must-funds” vs. wants/desires; provides OP WG with a TELMOD “must-do” bogey for financial sourcing process
  - Rationale for “breaking” baseline programs or exposing them to risks
  - 15 risk factors assessed (hollerith code) -- tolerance threshold set at cumulative risk score of 40 and up (engineering determination)
  - Criticality assessment must be accomplished annually
- Sourcing Strategy/Plan
  - OP-WG identified best sources of baseline program funds to support TELMOD using a Lending Risk-Analysis Model
  - The OP-WG identified $2.4M in available funds to support telephony implementation in FY04 as follows
    - $.6M from FY02 unliquidated obligations; $1.8M from CITS-LM project
  - The MEQ program will restore $1.4M to the CITS-LM effort in FY05
  - The MSIM program will restore $0.4M to CITS-LM effort in FY05
  - FY05 and out-year borrowing/lending actions to support TELMOD will be based on risk tolerance & underwriter (payback) total impact

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Deliberate Approach

Avoid Replacement by Attrition (Catastrophic Failure)

- **Significantly reduces risk of critical failure at most needy sites**
  - **Reduce un-programmed expenditures from Medical Equipment Program & Medical Systems Infrastructure Modernization Program**
- **Improve capacity allowing additional telephone instruments for providers and support staff**
- **Add intelligent call routing/ACD - maximizes appointment capacity**
- **Provides capability to gather statistical information necessary to measure access improvements**

Telephony Upgrade & Modernization (TELMOD)

(I)ncrease

BACKGROUND:

Unfunded Program to address MTFs, GAO, IGCE identified telephony #1 patient complaint to access and method to make appointment. MTF Call abandonment rate 22-36 % (civilian <2%). Appointing: make or break service for day to day MTF business; entry point to product lines. Upgrades required to position MTFs for success under T-NEX.

ADJUSTMENT:

Fund high risk (risk tolerance threshold and above) sites with FY04 adjustment by borrowing from CITS in FY04.

Purchase telephony equipment (switches and automated call directors) IAW approved, prioritized deployment plan/schedule, in support of T-NEX implementation.

$M O4A1P101AY

	FY04	FY05	FY06	FY07	FY08	FY09	FY10	FY11
CURRENT PRG	$ 1.2		$ -	$ -	$ -	$ -	$ -	$ -
ADJUSTMENT	*$ 2.4*	*3.8*	*$ 6.0*	*$ 6.0*	*$ 6.0*	*$ 4.7*	*$ 4.7*	*$ 4.7*
REV PGM	**$ 3.6**	**3.8**	**$ 6.0**	**$ 6.0**	**$ 6.0**	**$ 4.7**	**$ 4.7**	**$ 4.7**
TOTAL								

IMPACTS:

- **$6.2M in high risk sites identified by risk tolerance threshold model. With FY04 funding increase, there will be a residual requirement of $3.8M in high risk sites to fund using a similar process to identify best candidates for lending and underwriting in FY05.**
- **Risk & criticality assessment for each site will be updated annually. As equipment ages, technology evolves, and standards change, program assumptions for the outyears (06-11) will be based on site movement above the risk tolerance threshold level (40 and up). 06-11 requirements in this slide based on completion by FY11 as stated in AFMS POM build briefing (but will need to be slipped further to the right assuming overguidance not obtained)**
- Every MTF prioritized by standardized, modular, upgradeable capabilities package
- Vital to meet MHS telephone access standards; improve patients' ease of making appointments by phone
- If not funded: Continued patient frustration with telephone appointing; no standardized

Medical Information Technology Transition – Last Mile
CITS/MITT-LM Program (Temporary Offset to Telephony)

BACKGROUND:

This program provides for the program management, engineering, design, and installation of AF CITS (Combat Information Transport System) generated last mile design. Provides for the standard architecture to connect AF medical data networks to Base networks. Closes medical network backdoors. **Fulfills SECAF mandate**.

ADJUSTMENT:

Program received a lump sum funding for start-up and to provide a standard design and architecture at 18 test sites. Adjustment required to deploy the **AF IAC approved design** to the remainder of the AF and finish original sites.

FUNDING (total):

	FY 2004	FY 2005	FY 2006	FY 2007	FY 2008	FY 2009
CURRENT PROGRAM	$ 5.5	$ -	$ -	$ -	$ -	$ -
ADJUSTMENT	$ (1.8)	$ 1.8	$ *6.8*	$ *8.7*	$ -	$ -
REVISED PGM TOTAL	$ 3.7	$ 1.8	**$ 6.8**	**$ 8.7**	**$ -**	**$ -**

Line Items	FY04	FY05	FY06	FY07	FY08	FY09	FY10	FY11

MANPOWER	FY04	FY05	FY06	FY07	FY08	FY09	FY10

IMPACTS:

- Project timeline and level of effort for next 12 months following design completion supports lending $1.8M in funds to telephony project for the remainder of FY04. Deferral has no impact on cost or schedule (all the work that would otherwise be completed in FY04 will continue as originally anticipated). Remainder of impact statements support the increases to this program needed in order for the originally stated objectives to be met (as articulated in the POM build)

- Medical data network backdoors will not be closed
- CHCS II long haul network circuits/VPNS will not be supported by AF
- Dedicated medical network electronics will not be installed
- Last mile design will not be implemented
- Effort to consolidate medics under “One AF – One Network” delayed

Medical Systems Infrastructure Modernization (MSIM)

BACKGROUND: (O)ffset (restore CITS-LM funding lent in FY04)

Provides for the materiel (cable and electronics) and labor to install Local Area Network Infrastructure to AFMS facilities. Includes initial outfitting for Military Construction projects.

ADJUSTMENT:

Adjustment accounts life-cycle replacement factors of cable plant and electronics; effect of regulatory requirements (e.g. cable plant removal); and economic inflation affecting labor and materiel across the program cycle

FUNDING (Total):

	FY 2004	FY 2005	FY 2006	FY 2007	FY 2008	FY 2009
	FY10	FY11				
CURRENT PROGRAM	$ 13.2	$ 14.8	$ 17.7	$ 18.0	$ 14.9	$ 15.2	$ 15.5	$ 15.7
ADJUSTMENT		*$ (0.4)*	*$ 9.8*	*$ 9.6*	*$ 8.5*	*$ 8.2*	*$ 8.0*	*$ 7.8*
REVISED PGM TOTAL	**$ 13.2**	**$ 14.4**	**$ 27.5**	**$ 27.5**	**$ 23.5**	**$ 23.5**	**$ 23.5**	**$ 23.5**

For FY05, the lender analysis conducted by the OP work group indicates MSIM can support schedule slippage of 1 site/year for 12 months (deferral) to provide .4M in funds to support Telephony (by paying back original program that lent the funding in FY04). The OP work group identified an additional $.6M in unliquidated prior year obligations (OP-3yr funds) that can be made available to the Telephony program without further impact to the cost, schedule and performance of the originally anticipated and laid out MSIM LAN upgrade and installation schedule/level of effort.

Lender impact analysis concludes that lending will result in 12 mo slippage for 1 site annually thru program cycle (analysis of historical program/project slippage and projected schedule dependencies inidcates slippage will have no mission impact an d minimal impact on cost.
Program Impacts (w/o funding adjustments required in POM 06-11)
- Cannot sustain required network cable infrastructure refresh cycle (10 years) without adjustment
- Cannot sustain required network electronics refresh cycle at rate based on life-expectancy (4 years) without adjustment

AFMS Medical Investment Equipment Program

BACKGROUND:

Investment Equipment includes equipment over $250K. Current program includes equipment replacement and sustainment, initial outfitting ($3M-$6M/yr, $6.2M in FY05), and DMLSS OP requirements ($400K - $800K/yr). Due to the OP threshold change, the AFMS lost $5M in FY04, and anticipates similar reductions in FY05 and beyond. Current program does not include PACS/Teleradiology initial deployments.

ADJUSTMENT:

During the OP programs review to determine funding priorities and resolve high priority telephony program unfunded requirements in FY04, the CITS program loaned telephony $1.8M. In FY05, the CITS program will require reimbursement to continue scheduled deployments. The Medical Investment Equipment program will reimburse the CITS program $1.4M off the top in FY05.

FUNDING ($M):	FY 2004	FY 2005	FY 2006	FY 2007	FY 2008	FY 2009
CURRENT PROGRAM	20.4	33.06	53.29	45.18	54.80	43.58
ADJUSTMENT	0	(1.4)	0	0	0	0
REVISED PGM TOTAL	20.4	31.66	53.29	45.18	54.80	43.58

PROCUREMENT	FY04	FY05	FY06	FY07	FY08	FY09

MANPOWER	FY04	FY05	FY06	FY07	FY08	FY09
OFFICER	0	0	0	0	0	0
ENLISTED	0	0	0	0	0	0
CIVILIAN	0	0	0	0	0	0

IMPACTS:

The AFMS currently has $47.5M in medical investment equipment that has exceeded its life expectancy. Reduction of the FY05 program by $1.4M to underwrite the CITS program carries risk, but can be managed with careful planning. Best case for FY05, the MEQ program is beginning with $25.46M, after must-fund initial outfitting and assuming no $5M threshold cut. With the $1.4M off the top of the program the AFMS can still manage to fund the most critical (top 1-2/MAJCOM) requirements across all MAJCOMs without devastating any MAJCOM program. Equipment beyond life expectancy is more expensive to maintain, has increased downtime, and higher risk of catastrophic failure, which increases risk of misdiagnosis or injury to patients.

POC: Mr. Dave Baker, AFMSA/SGS
David.Baker@ft-detrick.af.mil

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Questions…

Backup Slides

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MSIM Purpose, Objective, Impact if Unfunded

- Plan, program, & execute design and deployment of standard data/phone network infrastructure
  - Provides the data network IT foundation for medical equipment/systems
    - CHCS II, Baker Cells, PACs, telehealth, lab, digital cardiology, telephone, etc.
  - Supports all AF DHP facilities (89 Sites): Schools, Vet Clinics, Lead Agents, MTF campuses
  - Provides technical consulting services to AF SG (MITT, ITSC, etc)
  - Design, Install Cable Plant, Configure Network Gear
  - Cost per site: $485K to as much as $4M (WHMC = $15M)
- Impact if Unfunded
  - Inadequate networks for medical equipment/systems: CHCS II, PGUI, TOL, DMLSS, PACs, etc
  - Increased cost for medical equipment/system networks
    - Medical equipment vendor networks installed to meet requirement ($200K+ each)
  - Down time/network latency increases, productivity goes down
    - Sparing & Maint increases ($1M increases to $8M - $10M)
  - Engineering support lost
    - Network security, wireless security
    - MITT consulting & support; 1st 400 ft, Last Mile, medical standards
  - Risk to beneficial occupancy in MILCON & add/alter projects
    - MILCON LANs inadequate, add/alter LANs not funded, Initial outfitting

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MITT - LM

Purpose, Objective, Impact if Unfunded

- CITS PO Tasked by AF/XI March 01
  - Close data network medical backdoors
  - Install/Test CHCS II long haul network circuits and VPN
  - Install dedicated medical firewall as required
  - Standardize design within AF Architecture
  - Deal with MCSC connectivity (backdoor)
- Impact if Unfunded
  - Medical data network backdoors will not be closed
  - CHCS II long haul network circuits/VPNS will not be supported by AF
  - Dedicated medical network electronics will not be installed
  - Last mile design will not be implemented
  - Effort to consolidate medics under “One AF – One Network” delayed

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MITT – LM
Drivers, Assumptions, Dependencies

- **Drivers/Dependencies**
  - **Product of AF IT Summit**
  - **Implements 21 Mar 2001 ASD Memo to Eliminate Duplication of DHP and Service IT Infrastructure Overlap**
  - **Directed 4 Apr 2001 via Memo to all MAJCOMs with Dual Signatures of Lt Generals Woodward and Carlton**
  - **Implements AF SG Requirements for CHCS II and other Medical Mission Requirements**
- **Assumptions**
  - **Networks will become more secure**
  - **Comm Squadrons will assume control of medical networks**
- **Challenges**
  - **Funding, Schedules**
  - **C & I ability to satisfy customer requirements**
  - **MAJCOM SCs not agreeing to one solution for medical connectivity**

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MITT-LM to-date cont.

- CITS PO ITS modified CITS baseline for fiber
  - Required to accommodate AF JAG ruling on LoAC
  - AF/SG funds additional fiber
  - Meets “One Air Force, One Network” policy
    - Medical server consolidation
    - Reduces medical use of C2 bandwidth
    - Reduces medical threat to C2
    - Reduces C2 threat to medical
  - Lackland AFB, Hurlburt field, Turkey, Korea are coordinated AF/SG, CITS PO projects
  - Aligned with MITT-LM design
  - THIS IS the MEDICAL SEGMENT under NCC control

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What does MITT-LM Impact?

- WAN connectivity design
- CAN connectivity design
- LAN connectivity design (1st 400ft, MSIM)
- Backdoor circuits
- Security policies
- Support policies
- Air Force IT architectures
- C2 and medical missions
- IM Business Processes between Functionals and IT Support

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Background

- **AFMS Access To Care (ATC) Workgroup Established March 02: $10M Provided by TMA**
- **ATC initiatives focused on:**
  - **#1 Telephony Modernization (TELMOD): #1 Patient Complaint to Access, Entry Point to Product Lines**
  - **#2 Access Management Training**
  - **#3 Improve Referral Management Process**
  - **#4 ATC Pilot Sites for FY03—Luke & Dyess**
  - **#5 Hire Personnel to Improve Access**

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Background (cont)

- Dec 02: TMA Rescinds ATC Funding for FY03—Disconnect
  - March 03: SG Obtained $4.2M OP Funds from Mr. Ford (HA) for TELMOD
  - June 03: AFMS Funded Sustainment of All ATC initiatives: $9.08M ($2.25M O&M for TELMOD)
  - FY04: AFMS Funded at FY03 UFR Level = $9.3M
    - $2.1M for Engineering and Training
    - TELMOD becomes Modernization Program
    - OP Funding Shortfall → SGR Assessing Potential Sources
  - FY05: ??
  - FY 06 POM: Declined – Execution Year Issue

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LSC Appointing Services-- Background

- Appointing Carved Out of the Main T-Nex Contract
  - Statement by Dr. Winkenwerder, 27 March 03, to House Armed Service Committee: “MTF CCs sought, and we provided more direct control of contracting for local support functions such as appointing..”
- Telephone Appointing #1 Patient Complaint about Access
  - MTFs, GAO, First Consulting Group Study
  - Dr. Winkenwerder: “People Want to Talk to a Live Human Voice and They want to Talk with Them Quickly”
- Appointing: Make or Break Service for Day to Day MTF Business – Entry Point to Product Lines

Meeting Recap & Calendar

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- New Items
- Action Items
- Meeting Schedule:
  - AFMS Group: Wed., 7 Jul, 1300-1530
  - AFMS Council: Thu., 8 Jul, 1430-1530